

PRACTITIONER HEPATITIS B VACCINE DECLINATION FORM
OSHA Appendix A to Section 1910.1030-Hepatitis B Vaccine Declination (Mandatory)

Instructions: This form is to be signed by the practitioner and the employer, and a copy must be returned to the Abington Board of Health. The employee and employer must both retain a copy of this document for their records.

Hepatitis B (HBV) Virus Declination Statement

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. **However, I decline the hepatitis B vaccination at this time.** I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Practitioner's Name (Printed)

Practitioner's Signature

Company

Employer's Signature

Date